MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) y is necessary of the for your files. e. COUNTY b. COUNTY Garrett Maryland. MARYLAND Garrett b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Rural Kitzmiller 30 yrs. Rural Kitzmiller d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boar d. STREET ADDRESS Kitzmiller retained Mi. N. Kitzmiller Mi. N. NAME OF 4. DATE Month DECEASED and 3 to the with the (Type or orint) DEATH Mav 10th Wilbert Gordon Beeman 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) within 24 hours after di 18. Give Pages 1, 2, and 1 form PM3. Page 5 ma init. File pages 1 and 2 v WIDOWED [DIVORCED July 3 1913 Male 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired U.S.A. Soft Coal Mines Maryland. Coal Miner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Stewart Thomas Beeman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) (If yes give war or detes of service) "In pencil in Item 18.
Office along with for burial-transit permit. 213-05-4337 Mildred Beeman R. D. Kitzmiller, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c),) PART I. DEATH WAS CAUSED BY: Maceration of brain secondary to IMMEDIATE CAUSE (e) DUE TO gunshot wound of head Immediab Conditions, if any, which (b) gave rise to immediate cause "pending" N 10 DUE TO (e), steting the underlying certificate, writing the word "pendin rded to the Chief Medical Examiner" 100 cause last. pesn cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY 8 CERTIFICA pinons 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INTERY OCCURED, (Enter neture of Injury in Part I or Part II of Itam 18.) PRIMARY-1 or CONTRIBUTING age 3 short to buriel, CAUSE OF DEATH. inflicted .22 cal, rifle shot right temple 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) factory, street office bldg., etc.) Not While Kitzmiller Rural Gar. Md. forwarded to the at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X. and in my opinion Suicide X. death resulted from: Accident (.) Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER lease execute the capture should be forward PUNERAL DIRE ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (1999 James H. Feaster, Jr., M. D. Address (Street, city, town, or county) Oak. Md. 5-10-61 DEP 22c. NAME OF CEMETERY OR CREMATORY 276. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) May 13,1961 I.O.O.F.Cemetery 240 9 Elk Garden, Mineral Co.W.Ve 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Balaness W.

a. IS RESIDENCE ON A FARM?

YES NO TH

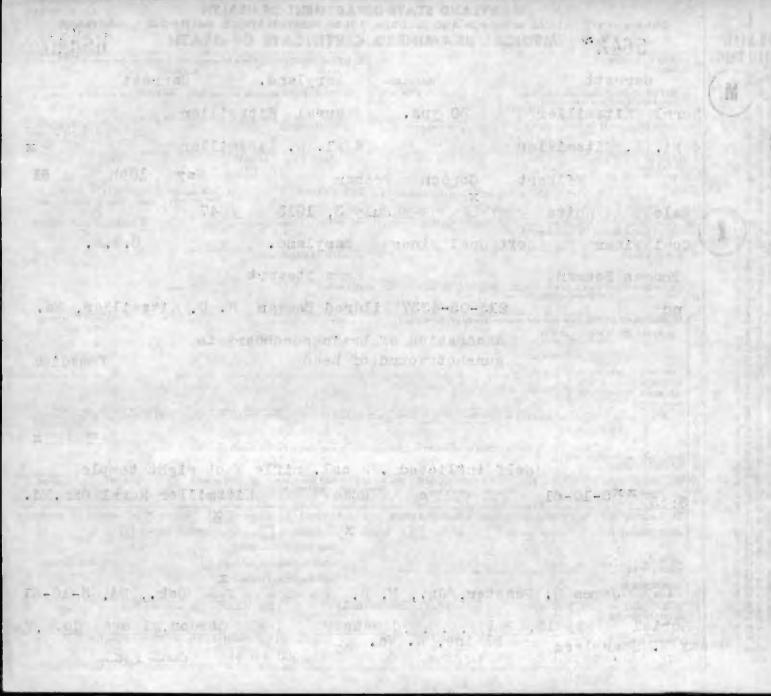
PERFORMED?

arthur & Kraus

NO F

61

VS. A15ME 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05631

9	5
M)	1. PLACE OF DEATH

643

1.	PLACE OF DEATH	tt		MARY	rLAND	a. STATE	rland	ere deceased	lived. If institution b. COUNTY	on: Residence	e before o	dmissio	in)
	b. CITY OR TOWN (IF RURAL and give nec Oakland	rest town)	ts, write	c. LENGTH OF STAY		10	town (If or	utside corpora	ole limits, write R	URAL and gi	ve neores	town)	
	d. NAME OF HOSPITA	l (If not in hospital, g				d. STREET A	ADDRESS	d Str	eet			S RESID	ARM?
	NAME OF DECEASED (Type or print)	Fir Hors		Middle Leo		đđ ingi		4. DATE OF DEATH	May]	# L8.	Day		961
	Male	6. COLOR OR RACE White	7. MARR	DIVORCE	_ [_]	an. 1]	5.00	-	N. AGE (In years lost birthday) 82 yrs.	Months	_	UNDER	Min.
R	. USUAL OCCUPATION during most of working etired Care FATHER'S NAME	N (Give kind of work on a life, even if retired arpenter		od worki			land.	•	untry)		S.A.	HATCO	JUNTRY?
		Coddingt	on					amiso	n				
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO), 17. INF	ORMANT	- 11.00	W1111 0 0	Add	ress			
(Ye	no, or unknown) (t	yes, give war or dates of s	23	2-24-078	4 Mr	s. Dor	a Cod	dding	ton (akla	nd.	Md.	
	Canditions, if on gave rise to in cause (o), stoting t lying couse lost.	mediate (6	arcin	30	leres	MIG	stal;			69 189	25	2
CERTIFICATION	PART II. OTHI	er significant con	DITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THETERMIN	NAL DISEASE	CONDITION GIV	en in part	F	PERFOR	NO [
	OR CONTRIBUTING	UNDERLYING DEATH AEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED.	(Enter nature	of injury in P	fort I or Port	II of item 1B.)	-			
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Month, Doy, Yes	20d. It White at work	Not while at work		CE OF INJURY ory, street, office			or town)	(C	ounty)		(Stote)
	21. I certify that saw the decease 22a. SIGNATURE) attend 5/17/	ed the deceased		10/3/ ath accurre	1212	ZINA	5/18/ he causes an		al that date st	ated	, , , , , ,
	22c. PHYSICIAN'S	Red un S	1/	ance	B/	.D. ATTENDIN PHYS. 22d. ADDR	DIR	D. RECTOR 🗆	STAFF PHYS.		10	SIL	SIGNED (COL)
	NAME (Type)	Indrew E.	Mar	ice, M. D		Oak	land,	, Mar	yland.				
230	BURIAL, CREMATION		61	23c, NAME OF CEM Oakland					ON (City, town,	or county)		(Stote)	
24	FUNERAL DIRECTOR'S	SIGNATURE)	ADDRESS Oak	land	, Md.		BY REGISTR		STRAR'S SIG			

TO HOSPINGS ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death. Page 4 may be do by the hospital or attending physician.

TO FUNERAL VIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremotion, or remayal, and in any event, within 72 hours ofter death.

VR A1S (4) 15M 9/59

6000 dancis had a no and the first term and the second terms of the second and the male of the contract of the last the life of the Section

I director. Page or your files. necessary, for your be retained State d within 24 hours after death. If I man 18, Give Flages 1, 2, end 3 to the line lith form PM3. Page 5 may be retain this form PM3. Page 5 may be retain mit. File pages 1 and 2 with the Stany event within 72 hours after deat permit. Office along with fe burial-transit permit. This certificate should be executed in pencil in Item removal, "pending" execute the certificate, writing the word "pending execute the certificate, writing the word "pending"s 0 89 pesn cremation, forwarded to the Chief Medical E.

L DIRECTOR: Page 3 should be aled agent, prior to burial, cremati agent, designated should be for FUNERAL 1 6920 DE S 20 £40 VS. A15ME

5M 7/59

CERTIFICATION

23. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH EARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, II institution: Rasidence bafore edmission) a. COUNTY Garrett Maryland. Garrett MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural Swanton. Vrs. Rural Swanton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? West Swanton. Md. West Swanton YES NO NAME OF Middle DATE DECEASED Sr. DEATH (Type or print) John Friend. Bunyan 1967 May 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR! IF UNDER 24 HRS. 173 yrs. Months | Days Hours Male 1888 WIDOWED Jan. DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if relifed) Retired employee County roads work U.S.A. Maryland. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John B. Friend Harriett Comp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give wer or dates of servica) Weston Friend no Swanton, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden Coronary occlusion IMMEDIATE CAUSE (a) DUE TO Arteriosclerosis Years. Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 20f, (City or lown) (County) (State) factory, street, office bldg., atc.) While Not While Hour am at work at work 21. I certify that took charge of the remains described above, held an Autopsy Inspection Tr. Inquiry X and in my opinion death resulted from: Natural causes X Accidenta Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINED S James H. Feaster, Jr., M. D. Address (Street, city, lown, or county) Oak. Md. NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 225. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) George Cemetery Swanton. Md. Burial near 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

ADDRESS

Oakland,

Md.

DATMAY 2 2 '61

arthur & Kraus

of the section. definition of the second montation in the second Treatment to be a let 1 a management to a and the contract and a second and a second Sody A and in the second of the second entree o player thanky young your partient. peof statement by Bondall . . miet Can-10-10combetam or Avera Evaluation - Carlo . - Tring a deposit the said A CONTRACT OF THE CONTRACT OF to the same of the de la company de

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5645 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05633

1. PLACE OF DEATH *	2,	USUAL RESIDEN	CE (Where decar	ased lived, If I		dence bafore admir	
1	ARYLAND	Maryland			rrett		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	STAY IN 16	c. CITY OR TOWN	If outside corpore	ta limits, writa	RURAL and g	ive neerast lown)	
Oakland 32 Da	77.50	Rural	Deer P	anle	N		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street	eddress)	d. STREET ADDRESS	neer r	ark	1	I e. IS RESIDE	ENCE
					- 1	ON A FA	ARM?
Garrett County Memorial Hospital		Route # 2	2		-	YES X NO	1
3. NAME OF First Midd	lle	Lasi	4. DATE	Month		Day Year	
(Type or print) Elsie Vic		Gaster	DEATH	May		.0 19 6	1
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	ARRIED B. DA	TE OF BIRTH		GE (In years			-
Fomal o Librita		1-23-02		58 yrs.	Months Dey	Hours M	lin.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINES	S OR INDUSTRY 1	. BIRTHPLACE (State	or foreign countr	γ)	12. CITIZE	N OF WHAT COUN	NTRY?
done during most of working life, even if retired) HOUSEWIIE		Ma	aryland		U.S	A	
13. FATHER'S NAME	1.14	MOTHER'S MAIDEN			1 0.00	· M ·	-
	14.						
Benjamin Broadwater		Rachel Wi	ilt Bros	adwate	r		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURI (Yes, no, or unknown) (Ifyasgivewarordalasofsarvica)	TY NO. 17. INFO	RMANT		Addrass	Route	# 2	-
no	"Hush	and" John	Quincy	Gaster.	Deer	Park. Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), a				,	1	INTERVAL BETWEE	
PART I. DEATH WAS CAUSED BY:	and draw	Condina D				ONSET AND DEAT	TH
IMMEDIATE CAUSE (a) Hemoperica	aranum,	Cardiac R	up rure			Sudden	
DUE TO							
		farction,	Intramur	al thr	ombus,		
gave rise to immediate cause Pulmonary	y Embolism	n					
(a), stating the underlying cause last.							
	DEATH BUT NOT BE	ATER TO THE TERMIN	VAL DISEASE CO	MOITION CIVI	IN IN DART 16-	10 1445 41170	nev
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO I 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTIONS TO I 20a. EXTERNAL CAUSE	PEATH BOT HOT KE	ATED TO THE TERMI	AND DISEASE CO	NOTION GIVE	A HA LACKE HE	PERFORME	
5						YES NO	
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJUR	OCCURED. (Entar	nature of injury in Par	t I or Part II of ita	m 18.)			
CAUSE OF DEATH.							
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR	ED 20a, PLACE O	F INJURY (Home, farm	1, 20f. (City or	town)	(County	(State	n)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURS Hour a.m. While Not While at work at work at work		treet, office bldg., atc.				•	
21. I certify that I took charge of the remains describe	d above, held a	n Autopsy X	Inspection X	, Inquir	/ X a	nd in my opini	on
death resulted from: Natural causes X. Accident	Suicide	, Homicide	, Unde	termined ma	anner 🗍		
9	7/	CHIEF MEDICAL	EXAMINER [_		
ACTUAL W. Lewise.	X.						
SIGNATURE	4 3 N	ASSISTANT MED				DATE SIGNEI	D
EXAMINER'S			L EXAMINER	. I Louy	10, 196		
NAME (Yypo) James H. Feaster, Jr. 1 22a. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF	1.D.	Address (Street,	city, town, or cou	nly) Oakl	and Ma	ryland	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF	CEMETERY OR CRE	MATORY	22d. LOCATIO	N (City, town,	or country)	(State)	100
	Cemete	777	Garre	t.t.	Ma	rvland	
23 FUNERAL DIRECTOR ADDRESS	oculo oc.		'D BY REGISTRAF				
Hearld n Minist		14437	1 5 101	0.4	0 4		
Lerara /1//lumnich Oakland,	Marylan	1 DAMAY	1 5 '61	1 anth	wy S. Kra	MA	

CONTRACTOR OF TRACTOR AND TOTAL PROPERTY. 7.00 howling 4 A STATE OF THE STA #245 TEST the plant of the country of the state of the and the best of the best of out out out the last on the second of the man to the contract of the second second

例

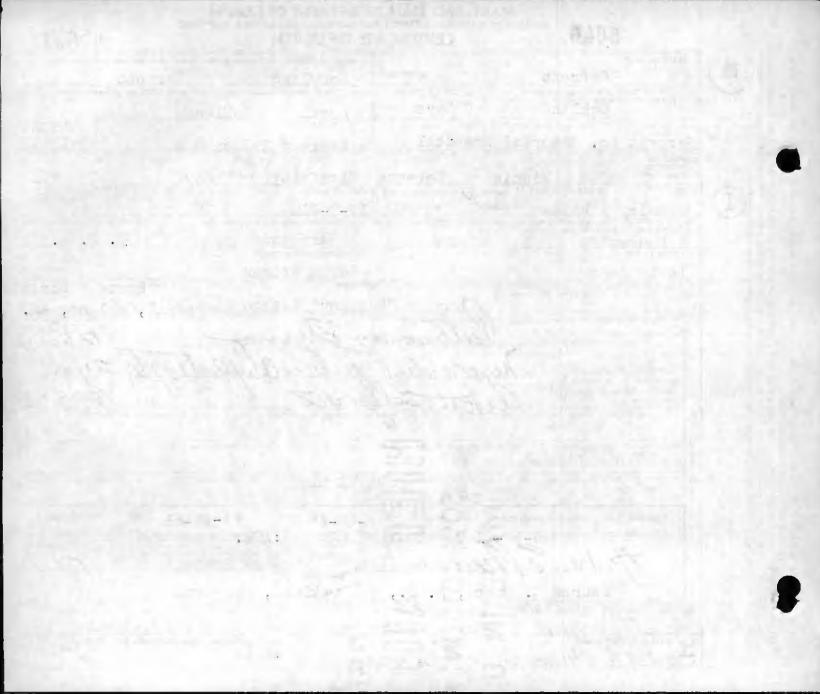
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5646

05634

1. PLACE OF DEATH a. COUNTY	Garrett	MARYLA	O STATE	NCE (Where decease	b. COUNTY	on: Residence before	ore admission)
b. CITY OR TOWN RURAL and give i	(If outside corporate limits, write negrest lown) Oakland	c. LENGTH OF STAY IN	Rural	WN (If outside corpo	orote limits, write R	URAL and give ne	earest fown)
OR INSTITUTION	TAL (If not in hospital, give strong). O. Memorial		d. STREET ADD	DRESS	0x 88M		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Vinni	Middle	Lost	4. DATE OF	Mon	th D	7 1961
s. sex Female	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED		1031	9. AGE (In years lost birthdoy)	Months Days	R IF UNDER 24 HRS.
during most of wo	ION (Give kind of work dane 1 rking life, even if retired)		Noustry 11. BIRTHPLAC	E (State or foreign o	country)	12. CITIZEN C	S. A.
13. FATHER'S NAME			14. MOTHER'S M				
Lewis Ka	EMP ER IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO.	17 INFORMANT	Spiker	Add	res Route	# Box 8
(Yes, no. or unknown)	(If yes, give wor or dates of service) .		"Husband"	Beason (Glotfelt		**
Conditions, if gove rise to cause (a), stating lying couse lost PART II. OT	the under DUE TO	Lyffardio. APTO SCINTRIBUTING TO DEATH	Les osts BUT NOT RELATED TO THE	HETERMINAL DISEAS	Rentry SE CONDITION GIVE	My 2 /EN IN PART I(0)	1999
THER, NOTIF	VAS UNDERLYING 206. I G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of i	njury in Port I or Por	rt (I of item 18.)		123 110 11
Y 20c. TIME OF INJU	. 10 Wi	d. INJURY OCCURRED 20 hile Not while wark at work	e. PLACE OF INJURY (Ho factory, street, office b	me, form, 20f. (City ldg., etc.)	y or town)	(County	(State)
	at (I) (this haspital) attended alive on 5-17						
22c. PHYSICIAN'S	redrew 5/1	haus	M.D. ATTENDING PHYS. 22d. ADDRESS	MED.	STAFF PHYS.		Mighey
NAME (Type)	Andrew E. M	ance, M. D.			ryland		
230. BURIAL, CREMATI REMOVAL (Specifi Burial		Garrett Cou	nty remoria		TION (City, town, Oaklar	or county) id, Mary]	(State) Land
24. SUNERAL DIRECTO	R'S SIGNATURE .	ADDRESS		So. REC'D BY REGIS	104	STRAR'S SIGNATI	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institutions Residence belongs on 1. PLACE OF DEATH a. COUNTY is necessary, director, Pege **b.** COUNTY files. Garrett Maryland Garret.t. MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) fown] c. LENGTH OF STAY IN 1h director. write RURAL and give negrest town! Oakland Oakland d. STREET ADDRESS e. IS RESIDENCE ţo. Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? County Memorial Hospital YES NO T th St. 4. DATE Month Year DECEASED OF **EASTON** ihe i DEATH s 1, 2, and 3 to the sage 5 may be re 1 and 2 with the 72 hours after o (Type or print) Kenneth 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours | IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months | Days WIDOWED DIVORCED Jan. 10a USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? huld be executed within 1,2 lin pencil in from 18. Give Pages 1, 2 Office along with form PM3. Page done during most of working I fe, even if retired) Accountant pages 1 Bookkeeping Oakland. Jarvland 14. MOTHER'S MAIDEN NAME Bess Littman _____Arthur Lawton ____Beg Address with for permit. (Yes, no, or unkown, (Ifyesgivewerordetesofservice) 214-07-3196 Oakland. Trs. Ann Lawton 18. CAUSE OF DEATH Enter only one cause per line for (e), (b) and (c). INTERVAL BETWEEN r's Office along v s a burial-transit p removal, and in ONSET AND DEATH PART I DEATH WAS CAUSED BY: 3-4 Hrs. CORONARY OCCLUSION. LEFT IMMEDIATE CAUSE (a) DUE TO CORONARY SCLAROSTS TITTE TERCHBOSTS geve rise to immediate cause DUE TO (e), stelling the underlying PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. . 19. WAS AUTOPSY PERFORMED? 2 NO [Medical should 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | bur bur 2Dd, INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 20f, (City or town) (Stete) 20c. TIME OF INJURY Month, Day Year Ch. factory, street, office bldg., etc.) While Not While et work et work O.B. 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection XI. Inquiry X and in my opinion forwerded to DIRECTO Undetermined manner death resulted from: Natural causes X Accident [Suicide Homicide 1 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE execute DEPUTY MEDICAL EXAMINER X May 3. 1961 NAME (Vype) Address (Street, city, lown, or county) Oakland, Maryland James H. Feaster, Jr. H.D. Address (Street, city, town, or county) () akland, M. John 122b. Date thereof 122c. NAME OF CEMETERY OR CREMATORY 122d. LOCATION (City, town, or country) 220, BURIAL, CREMATION, 225. DATE THEREOF REMOVAL (Specify) A Q 40 g Oakland Cemeterv Oakland, larvland Burial 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Oakland, Marylandonte MAY 5 Cuthur S. Kraas 5M 7/59



1,

KELR **CERTIFICATE OF DEATH**

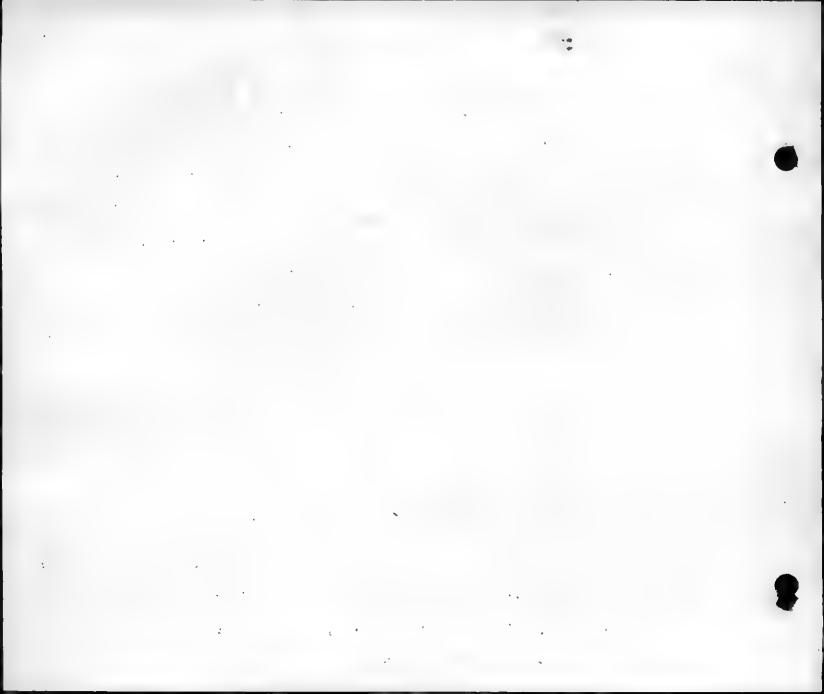
Pag Diet No. 115636

2020				Ked. pist. 146. 0 0 0 0
1, PLACE OF DEATH COUNTY Garrett	MARYLAND	CTATE	here deceased lived If institut a institut a b. COUNTY	Preston
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16		autside carporate timits, write Rt	
Oakland	89 days	Terra	Alta, W.Va.	Route # 1.
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	2	IS RESIDENCE ON A FARM?
Oak Rest Nursing Home		Route	# 1,	YES NO
3. NAME OF First DECEASED (Type or print) MALINDA	Middle	Lost LEWIS	4. DATE Mont	th Day Year 20 1961.
5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
Female White WIDOWN	ED X DIVORCED	March 20, 18	last birthday) 878 83 yrs.	Months Days Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTRY?
Housewife		Terra Alt	a, West Virgin:	ia U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
David H. Friend		Abbigal 7	leets .	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) 1 (If yes, give wor or dates of service)	SOCIAL SECURITY NO. II	NFORMANT	Addr	ess
No	M	rs. John W. N	larkwood, Terra	Alta, W.Va.
18. CAUSE OF DEATH [Enter only one couse per lu	ne for (a), (b), and (c).]		6	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Zumplins	u Du	Cincin	ONSE AND DEATH
7 4 O DUE TO)		
Canditians, if any, which) (b)	′ ′/			V
gave rise to immediate (
lying cause last.				
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	EN IN PART I(a) 19 WAS ALTOPSY
(ATI				PERFORMED? YES NO V
PART II. OTHER SIGNIFICANT COND TIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Part I or Part II of Item 1B)	- - - - - - - - -
	THE PARTY OF THE P	ACE OF INITIBY OF F	That is a	45
Hour a m White	Not while A fac	ACE OF INJURY (Hame, for ctary, street, affice bldg , et		(County) (State)
₹ p. m. 19 ot war	k of wark			
21. I certify that I attended the deceas	ed fram	, 19 <u>.23</u> , ta	Thay 20, 196/	that I last saw the deceased
alive an / (44 / 3 , 19	and that death	accurred at		d an the date stated above.
11/6 5	1		ADDRESS (Street, city or town,	
SIGNATURE	Killer	M.D Terra	Alta, West Vi	rginia 5/20/61
PHYSICIAN'S	`			
NAME (Type) CHARLES E. SMIT	H, 216 East S	tate Avenue,	Terra Alta, W.	Va.
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, o	or county) (State)
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Removal & Burial 5/22/61	Oak Grove Cem	etery,	Route # 2, Teri	ra Alta, W.Va.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE
Md E D Jicones 1957	Terra Alta, W.	Va. DATE	MAY 2 4 '61 a	Luing & House

TO HOSE R ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 2 safer death. Page 4 may be dead by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58



CERTIFICATE OF DEATH 5649 Reg. Dist. No. director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed If institution Residence before admission) a. COUNTY þ West Virginia b COUNTY Garrett Preston MARYLAND after death Funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) RURAL and give nearest town) 1 yr 10 mos 24 Oakland ds Rowlesburg d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS Rest Nursing Home Main Street 12 P pup NAME OF First Middle Lost 4. DATE Month filled DECEASED oges 1 Alberta executed within 24 Jane May DEATH May (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS SEX MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years campletely last birthday) Months Wiite WIDOWED IX DIVORCED [93 Female October 14, 1867 popers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Housewife Followsville, West Virginia and carban offer e 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME George E. Brown certificate Sarah E. Danser BOY & 15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 116 SOCIAL SECURITY NO INFORMANT Address DG. Mrs. Martha Eliason, Rowlesburg, W.Va. None death CAUSE OF DEATH | Enter only one cause per fine for (a), (b), and (c) ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to that the DUE TO 9 Conditions, if any, which gned requires gave rise to immediate per **DUE TO** cause (a), stating the underond cert ficate has been a lying cause last. attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11:01/19. WAS AUTOPSY remava 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED Б use factory, street, affice bldg., etc.) MEDI o. m. While Nat while After this at work at work haspital for lian. 21. I certify that I attended the deceased from __,that I last saw the deceased detached alive an and that death occurred of ed by the I .M. from the couses and an the date stated abave. ADDRESS (Street city or town, state) ACTUAL shauld be prior 96 D SIGNATURE PHYSICIAN'S Herbert H. Leighton, Oak Streets, Oakland, Maryland. registrar FUNERAL NAME (Type) 67 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) page Removal (Specify) Removal & Burial 5/31/61 Aurora Cemetery Aurora, West Virginia.

Terra Alta, W.Va.

0

VS A15 (4)

15M 9758

23 FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IS RESIDENCE ON A FARM?

YES NO TO

Year

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO X

(State)

DATE SIGNED

(State)

(County)

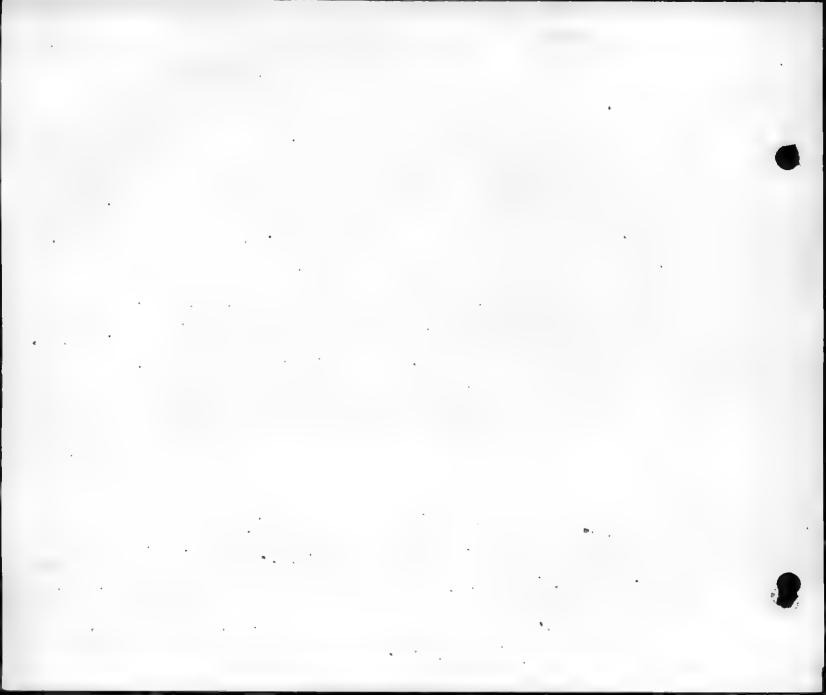
24b. REGISTRAR'S SEGNATURE Chilun S. Thom

24a. REC'D BY REGISTRAR

DATEJN 5

1961

Day



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

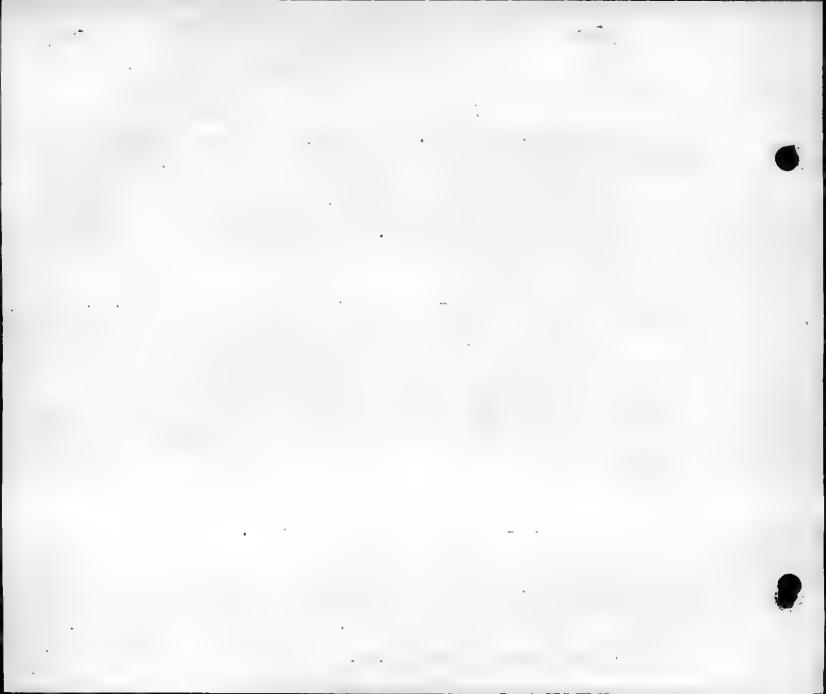
115030

C)	Unit	CEKTIFICA	IE OF DEATH		00000
a COUNTY	ARRETT	MARYLAND	2. USUAL RESIDENCE (WI) a. STATE MARYY W. V. C.	ere deceased lived. If institution.	Residence before admiss an) CARRETT Tucker
B. CITY OR TOWN RURAL and give of OAKLAN	(If autside carporate limits, nearest town)	S DAYS	THOMAS, WES	utside carporate limits, write RUR T VIRGINIA	(AL and give nearest town)
d, NAME OF HOSP OR GARRES	TAL (If not in hospital given COUNTY MEM	o street address) ORIAL HOSPITAL	d STREET ADDRESS CARRETT COU	NEY MERCHAL HO	SPPPAL e IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	CHARL	ES EDWARD	MILLER Lost	4. DATE OF MAY 12	, 1961 Day Year
S SEX MALE	THUTTOR	MARRIED MEVER MARRIED DIVORCED DIVORCED	6/17/1886		Nonths Days Haurs Min.
10a USUAL OCCUPATI during most af wo	ON (Give kind of work da rking life, even if retired)	ne 106. KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME DAN M	ILLER		14. MOTHER'S MAIDEN N ELIZA AR		<u>'</u>
15 WAS DECEASED EV	ER IN U. S ARMED FORCE (If yes, give war at dates of serv		PAULINE GA	Addres THER, BAYARD	
gave rise to cause (a), stating lying cause last	the under- DUE TO	TIONS CONTRIBUTING TO DEATH BUT	NOT RELAYED TO THE TERMI	NAL DISEASE COND TION GIVEN	PERFORMED?
200 ACCIDENT W	AS UNDERLYING 20 G CAUSE OF DEATH / MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in F	Port I or Part II of item 18)	YES 💇 NO 🗖
20c TIME OF INJU Hour a.m. p.m.		20d, INBURY OCCURRED While Nat while for wark at wark	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.	20f (City or town)	(County) (State
21. I certify th	E 7/	attended the deceased from 2-61 19 , and that	1 / 6		, 19 <u>61</u> , that (I) (we) last an the date stated abave
22c PHYSICIANS NAME (Type)	Endren E.	5 Mance	22d. ADDRESS	STAFF PHYS D	13 Mry
230 BURIAL, CREMATING PEMOVAL (Specific		1961. Fairview		23d LOCATION (City, town or Garrett Co	county) (Stote) unty, Md.
24 FUNERAL DIRECTOR	SIGNATURE	ADDRESS Thomas, W.	100	AV # = 101	RAR'S SIGNATURE

TO HOSPY A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 as after death. Page 4 may be a by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, ar removal, and in any event, within 72 hours after death.

s ofter death. Page 4



R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOSPITA TO FUNER

VS A1S (4) 1SM 10/S7

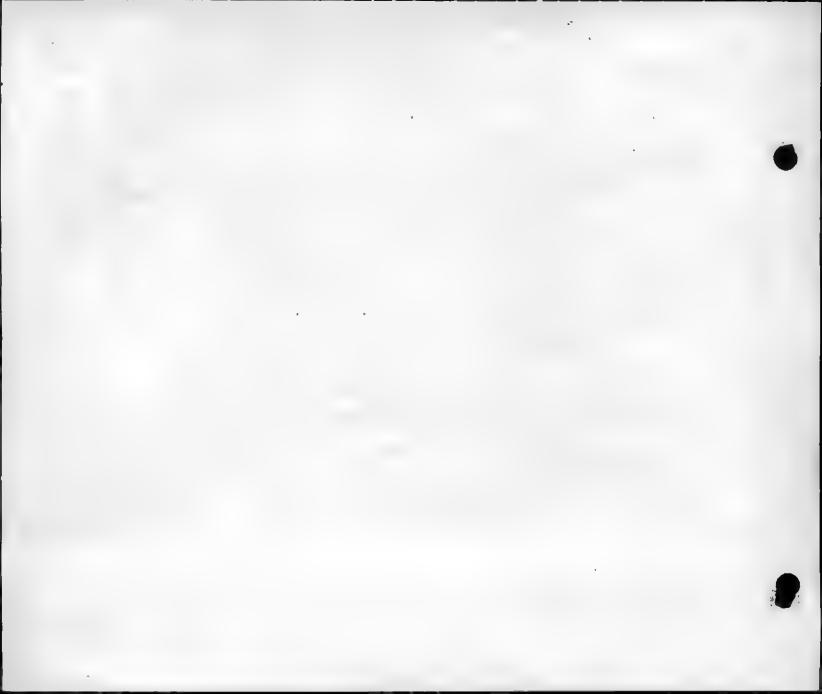
s ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5651

CEDT	IEIA A	TE OF	DEATH
LEKI	IFICA	IE UI	USAIL

Reg. Dist. No 05639

I.				key. t	2151. IND.
	o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary]	ere deceased lived. If institution, Reside and b. COUNTY Gai	ence before admission) THE T T
1	b. CITY OR TOWN (If outside corporate limits, write gurat and give nearest town) Mt. Lake Park	c. LENGTH OF STAY IN 16		utside corporote limits, write RURAL one Gorman	d give nearest town)
1	d NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	eet oddress)	d STREET ADDRESS		ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Dorsey	Leo Mor	eland	4. DATE Month OF DEATH May	Doy Yeor 15 19 61
1			June 9, 188	lost birthdoy) Months	Doys Hours Min
1	100 USUAL OCCUPATION (Give kind of work done I during most of working life, even if retired) farming	66. KIND OF BUSINESS OR INDUS	near Gorm	an, Maryland	USA
	James Moreland		Sarah L		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You no or unknown)	16 SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
	IIO [is hat and and or other principle]	none Mr	s. Ina T. M	oreland Gorman	n, Maryland
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o] 2	Bledung Therescand	A MAN DE LA COLOR DE LEGISTRE DE LA COLOR DE LA COLOR DE LA CENTRA DE LA COLOR	wanted my -	INTERVAL BETWEEN ONSET AND DEATH
	CATIC	DESCRIBE HOW INJURY OCCURREN			PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year 20c	d. INJURY OCCURRED 20e. PLA hile Not while work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc	20f. (City or town)	(County) (Stote)
	21. I certify that I attended the dece alive an 5/1:/// 19 ACTUAL SIGNATURE L. I. KLOW		occurred at 5 : ZQA		
	PHYSICIAN'S A.E.MANCE		OAKLAND	, MARYLAND	
	220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 5/17/61	22c. NAME OF CEMETERY O Oak Grove C		22d LOCATION (City, fown, or county Garrett	(Slote) Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE LIVE OF MERCHANICA	ADDRESS Oakland, M	240. RECTE aryland DATE AY	BY REGISTRAR 246 REGISTRAR'S S	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

05640

INTERVAL BETWEEN ONSET AND DEATH

/ eA	4				CERT	IFICA	TE OF DI	:AIH					$U \circ$	104	IJ.
III	7.	COUNTY Garr	ett		м	ARYLAND	2 USUAL RESID				COUNTY	n Resider		e admiss	ion)
		RURAL and give new RURAL and give new	outside corporate limits	s, write	c. LENGTH OF S		c CITY OR T	,			, write RI	JRAL ond	give nea	rest town)
	_			11	50 yrs	•	Rural		klan	a,		*		0.000	OCNICE
7	R.	OR INSTITUTION D. 2 Mi	 S W Oak 	land	1 .		2 M1.		Oak	land		if	•	ON A	FARM?
	3.	NAME OF	First			ldle	Losi		4. DATE		Man	th.	Day		rear
		(Type ar print)	Noah		Clinte	on S	labaugh	1	OF DEATH		May	17			9 6]
(F)	5.	SEX	6 COLOR OR RACE	7 MARR	IED A NEVER MA		B. DATE OF BIRTH		J.	9 AGE (In years	IF UNDER	RIYEAR		-
(1)		Male	White	WIDOWE	DIVO	RCED 🗀	Jan. 5,	187	1	90	rthday)	Months	Doys	Hours	Min.
	10c	USUAL OCCUPATIO	N (Give kind of work ding life, even if retired)	one 10b	KIND OF BUSINES	S OR INDU	STRY 11 BIRTHPL	ACE (State o	or foreign c	country)		12. C11	IZEN OF	WHATC	OUNTR
	F	etired F		01	wn Farm		Mary	rland				U.	S.A.	•	
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME						
			Slabaugh					.stin		rst					
	15.	WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16. 1	SOCIAL SECURITY			A			Addr				
		no				Mrs	. Elwoo	d Be	ckma:	n	Oal	clan	d, 1	Vid.	
			TH [Enter only one cou		ne for (o), (b), and	(c)]								RVAL BE	
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (0)		trem	in.							(2 mc	mil
		1();	O DUE TO	/	0/		PI		/.	1			91	/	
		Conditions, if or gove rise to in			prone	R.	1 yelo	repr	hri	lie			66	Ner	pul!
		couse (a), stating t	\ DHC TO												
	7	lying cause last.) (c)		COLUMN TO TO	DCAT LOS	- LIOT OCI LEÉD TO	**************************************	VAL DICE I		TION ON	Fall (b. DAI	77 1/-1 1/	0 24/45	AL TORC
	TION	PARI II., OIH	ERSIGNIFICANT COND	UNUNS C	ON KIBUTING TO	DEATH BO	1'		4	+ 1			K I I(O) II	PERFO	RMED?
#	FIC	20a ACC DENT WA	S HADERIVING T	20h DESC	PIRE HOW IN IN	· Ellic	D. (Enter noture of			Lill of stee				YES 🗍	NO II
160	CERT	OR CONTRIBUTING	CAUSE OF DEATH	ZVD BEJ	- KIDE 11017 11130K	1 OCCORR	D. (Ellier Novere o	1 111 017 4111	40.10110		,				
	CAL	20c TIME OF INJURY		r 20d, IN	NJURY OCCURRED	20e Pi	ACE OF INJURY (Home, form,	20f. (Cit	y or town)		- ([County]		(Stot
	ED)(Haur a.m.	19	While at work	Not while	fo	clory, street, office	bldg., etc.)			,			
	>	p. m.	- 43 Add 1 A			1.6	11	1-	F-9	711	. /	7	2/1		
			t (l) (this haspital)	de				10:	QOA"	//LA	4		L th		
		saw the decease	ea alive an	24-1	L-1-17-27. C	ind that	death Scourred	1 01	M, tram	the cau	uses an	d an th	e date		DATE
-/-		The head	8.2	10/1	103		M D PHYS	ME DIE	ECTOR	STAFF	П		17	144	S GNE
		222 PHYSICIAN'S	11.	7.00			22d. ADDRE		KECTOR E	1 11113			//	//	7
		NAME (Type)	Herbert H	. Le	eighton	M.	D. 0	akla	nd,	Md.				4	
	230	BURIAL CREMATION			23c NAME OF C				23d LOCA		y, town, o	or county)	^	(Stot	e)
		Burial"	-5/20/196	1	Gortne				near					,	
	24	FUNERAL DIRECTOR	SIGNATURE		ADDRESS			250. REC'I	BY REGIS	TRAR 2	5b REGIS	STRAR'S S	GNATUR	RE	
	14	HT7 000	in telan	1	0:	abler	A MA	M/	Y 2 2	01	CL	n' Sunt 2	1, / ((4)	UU/III	

OR ATTENDING PHYSICIAM: The law requires that the death mertificate be examined within 2, many after death. Page 4 ed by the hospital or attending physician. TO HOSP VR A15 (4) 15M 9/59



s ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH 5659 CERTIFICATE OF DEATH

05641

1	(M	
<u>=</u>		
9		

e haspital or attending physician.

1. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, sched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed—with prior to burial, cremotion, or removal, and in any event, within 72 haurs after death.

77		9		÷
E		Ξ	ges	b
Ŧ		<u>~</u>	Po	ŏ
3		ete		le.
Pe		ā	S	g
5		5	Č.	2
ě		Ü	ď.	Ď
40		24	ő	E
å		c	ఓ	_
0		.0.	ŏ	훞
ě		12	V.	₹
Æ		á	Ĕ	ť
Ü		03	2	34
푸		ģ	38	>
ê		e	ě	6
43		0	c	.⊆
Ë		0	hei	P
to			<u></u>	0
=		ā	Ė	힏
ES		8	F	ó
.2		Ö	ă,	ē
ě	G	~	100	5
3	0	è	0	ď
-	hys	2	Ξ	.₫
F.	0	ho	5	20
<u></u>	Ë	0	3	ē
A	P	CG	9	
Ü	Ħ	Ξ	47	.핃
2	0	ë	0	ã
×	0	20.	200	2
45	5	T.	ö	ò
ž	35.0	ě	P	٠ <u>ٿ</u>
0	ř	⋖	P.	£
E	he	ö	tac	g
5	>	7	de	Ĭ
~	2 5	2	9	40
Ā	1	===	P	5
		7	3	8
4		A	sh	di
50	P. P	VE	m	To
0	7	5	96	the State Board of Health prior to burial, cremotion, or removal, and in any event within 72 hours offer death.
-	E	2 6	DO	1
7		TC		
TO HOSP? R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	A	15	(4)	
15	M	9/5	9	

	CLKIIIICA	IL OI DEAIII		0 0 0 1 %
D. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (WH Maryland	ere deceased lived. If institution b. COUNTY GRIP	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write RU	URAL and give nearest town)
Rural Deer Park,	75 years	Rural 1	Deer Park,	1
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Sand Flat community	(ddress)	d STREET ADDRESS Sand Flat	Community	e IS RESIDENCE ON A FARM? YES K NO
	M ddie	<u> </u>	·	7
R. NAME OF First DECEASED (Type or print) Harry	Franklin	Speicher	of Death May	1
s. sex 6 color or race 7. Marri Male White widowe	TO CONTRACTOR CONTRACT	B DATE OF BIRTH March 15, 18	9. AGE (In years lost highday) 75 yrs.	Months Doys Hours Min.
On USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired) Retired Farmer	kind of business or indus	STRY 11. BIRTHPLACE (Slote Maryland		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
William H. Speicher		Missouri	Nine	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		rormant rvey Speicl	Addr ner Star Ro	ute. Oakland. N
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (o), stoting the underlying cause tast.	62. 11.14 d	cocec.	x1 a 2 (S GYGZ
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT		7-2-7-	(EN IN PART 1(o) 19 WAS ALTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	WAR LIGHT HOUSE OCCURRE	o fello signe of siles) in		
20c TiME OF INJURY Month, Day, Year 20d, IN- Hour o. m. 19 at work	Not while for	ACE OF INJURY (Home, farm ctory, street, affice bldg., etc	20f (City or town)	(Caunty) (State)
21 I certify that (I) (this hospital strand saw the deceased alive a 220 SIGNATURE	, is occorded traines		30 from the couses an	d on the date stated abave.
22c. PHYSICIAN'S	ance	M D PHYS. DI	ED STAFF PHYS	5 May 14
NAME (Type) Andrew E. Man	ce, M. D.	Oaklan	d, Md.	
But 121 (Specify) 5/6/1961	23c NAME OF CEMETERY OF Paradise Cen	r crematory metery	23d LOCATION (C by town, o	or county) (Stote) Park, Md.
LUNERAL DIRECTOR'S SIGNATURE	ADDRESS Oakland	4.4.1		STRAR'S SIGNATURE



TO FUNER

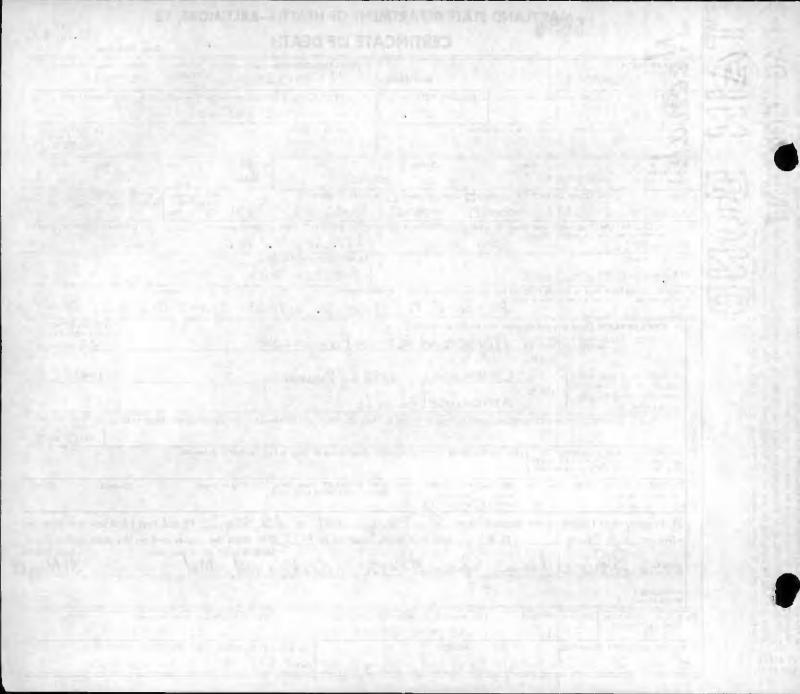
VS A15 (4) 15M 10/57

5054 STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

05642

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Gar	rett		MARY		2. USUAL RES	Mary		b. COUNT		before odmi	ssion)
b. CITY OR TOWN (If RURAL and give neo Rural Oa	outside carporate limi prest Jown) Kland	ls, write	c. LENGTH OF STAY		c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Rural Oakland d. STREET ADDRESS e. IS RESIDE ON A FA YES 100					rn)	
d. NAME OF HOSPITA OR INSTITUTION	L (If not in haspital, g	ive streel (oddress]							ON	A FARM?
3. NAME OF DECEASED (Type or print)	Bertha Fir	sî	Middle	Wen		157	4. DATE OF DEATH	May	nth 28	B Day	Year 19 61
5. SEX Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIE		DATE OF BIR	тн 23,	1893	9. AGE (In years last birthday)	Months De	YEAR IF UNE	
Housewife	ng life, even if retired		kind of Business of n Home	R INDUSTI	Dob	in, W	. Va		USA		T COUNTRY?
13. FATHER'S NAME				1 1 4	14. MOTHER						
Richard N						ira R	oth				
15. WAS DECEASED EVER (Yes, no. or unknown) (7)	IN U. S. ARMED FOR I yes, give wor or dates of it	CES? 16.	SOCIAL SECURITY NO. 2-38-6278	-	ormant oyd L	. Wen	sel		_{dress} Oaklar	nd, M	aryla:
Conditions, if on gove rise Io im couse (a), sloting II lying couse lost.	he under-	Con	nonamy Veniosele Ontributing to dea		13	O THE TERMI	NAL DISEAS	E CONDITION G	VEN IN PART 1	PERF	
PART II. OTHE	AEDICAL EXAMINER)		CRIBE HOW INJURY OF								
20c. TIME OF INJURY Hour e. m.	Month, Doy, Yes	While	Not while	20e. PLAC	E OF INJURY ry, street, offic	(Home, form ce bldg., etc.	, 20f. (City	or lown)	(Cox	anty)	(State)
21. I certify the alive an 28 Actual SIGNATURE PHYSICIAN'S NAME (Type)	Purce Lu	decease _, 19_6				1:15	A.M. fron	19, 19.6 In the causes treet, city or town Med.	and an the	date stat	
220. BURIAL, CREMATION REMOVAL (Specify) BUT121	5/31/6	1	22c. NAME OF CEME Oakland					non (City, Iown.		nd.	itej
23. FUNERAL DIRECTOR'S	Mennie	h	ADDRESS Oakland.	Mar	vland	24a. REC'S	D BY REGIST	RAR 24b. REG	ISTRAR'S SIGN	ATURE	



FOR STATE HEALTH DEPT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If pelay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the toneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of Statistical Research and RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5055 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05643

		-					-			
1. PLACE OF DEA	TH	-				ICE (Where dec			idence before edmission)	
Garrett					West Virginia B. COUNTY Preston					
b. CITY OR TOW write RURAL	Y OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL en									
Oaklan			12 hours		Terra A			2 7	X	
	t County Mer		pital, give street address)		d. STREET ADDRESS		ov 5/		o. IS RESIDENCE	
3. NAME OF	Fire	iol idi	Middle	- 1)	Last	4. DATE	Month		YES NO X	
DECEASED (Type or print)	GAZ	TOTAL A		11		OF				
5. SEX			JEANNETTE		OLFE	DEATH		18	1702	
Female	White	7. MARRIE	D NEVER MARRIED D		uly 11, 1950		lest birthdey)	Months Pa		
	ATION (Give kind of wo		IND OF BUSINESS OR INC				ntry)	12. CITIZE	N OF WHAT COUNTRY?	
done during most of	working life, even if retir	ed)			Kingwood,	Wast V	ireinia	II.	S. A.	
13. FATHER'S NAME		1			14. MOTHER'S MAIDEN				-	
Elmer	Elmer C. Wolfe Rosetta Maxine Liston									
15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES7 16.	SOCIAL SECURITY NO.	17. IN			Address		- 19-	
(Yes, no, or unkown)	(If yes give wer or detes of	service)	None	100	Elmer C. Wo	olfe. T	erra Al	ta. W.V	la.	
	P DEATH [Enter only on	a cause per l						1	INTERVAL BETWEEN	
PART I. DE	ATH WAS CAUSED BY:	ADE	RENAL HEMO	RRE	AGE;				LE Hrs.	
05:	Q DUE TO		-					- Anna		
Conditions, if e	ny, which) (b	FU!	LMINATING	SEF	TISEMIA				12 Hrs.	
geve rise to imm	ediete cause							-		
(e), stating the cause last,	underlying		EUMOCOCCUS							
Z PART II. OT	HER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BE	TON TU	RELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART 1		
PART II. OT PART II. OT 200. EXTERNAL PRIMARY OF CAUSE OF DEA'									YES NO	
20e. EXTERNAL		20b. DESCR	BE HOW INJURY OCCUP	RED. (Er	ter neture of injury In Per	rt I or Pert II of i	itam 1B.)		3	
	CONTRIBUTING									
20c. TIME OF IN	n,	While	NJURY OCCURRED 200 Not While k at work	e. PLAC	E OF INJURY (Home, fern y, street, office bidg., etc.	m, 20f. (City	or lown)	(County	(State)	
21. I certify	That I took charge	of the rem	ains described above	e, hel	an Autopsy X	Inspection	X. Inquir	у 💢 . г	and in my opinion	
death result	from: Natural c	auses X	Accident 7	Suicio			etermined m	anner 🗌		
ACTUAL	Denne (N.	7	- V		CHIEF MEDICAL	1				
SIGNATURE	were 100 -		J.	<i>p.</i> .	M.D. ASSISTANT MED		Land .		DATE BIGNED	
EXAMINER'S NAME (Type)		FEAST	PER, Jr.	M.D	DEPUTY MEDICA Address (Street, company)	-00.00		l, l	961 _Md	
22e. BURIAL, CREMA REMOVAL (Spec	TION, 226. DATE THER	EOF	22c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCATI	ON (City, town,	or country)	(State)	
Removal &	Burial 5/3,	61	Terra Alta (Ceme	tery	Terra A	lta, We	st Virg	inia.	
23. EUNERAL DIREC			ADDRESS		24e, REC	C'D BY REGISTR	AR 24b. REGI	ISTRAR'S SIGN	ATURE	
	son, Md. F.I	ler:	ra Alta, Wes	st V	irginia BATE MA	AY 4 '61	a	thun S. F.	Trans	
ALE MALL	11110									

ESTATE TO THE PROPERTY OF THE PARTY OF THE P - And Market St. HIER DES All and I got branch in the Interest of the Office 327 trails ni div Zna (centra) the state of the state of the state of STATE OF THE PARTY 21 67 The state of the s Fil. lift in the property of the second WESTERN TO THE WATER SECTION OF THE WATER SOUTH TO SECTION OF THE The state of the s